

EXHIBIT E

Dalto, Mary J

From: Dan Alban <dalban@ij.org>
Sent: Thursday, March 5, 2020 2:38 PM
To: DEA.AFS-ACH.Processing; D'Orazio, Lawrence A.
Cc: Jaba Tsitsuashvili; Richard Hoover; Kendall Morton
Subject: August Rolin UFMS Vendor Request Form for DEA Asset ID No. 19-DEA-655311
Attachments: August Rolin EFT form.pdf

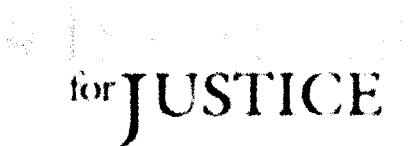
Hello,

Attached in PDF format is my client August Terrence Rolin's UFMS Vendor Request Form for EFT payment processing related to \$82,373 in U.S. Currency, DEA Asset ID No. 19-DEA-655311.

Please let me know if you need any additional information to process this EFT payment.

Thank you,
Dan

Dan Alban
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U.S. DEPARTMENT OF JUSTICE



Unified Financial Management System (UFMS)

UFMS Instructions for completing UFMS Vendor Request Form

1. New Update Deactivate

Instructions on completing this form are on the second page. Fields outlined in "RED" are required.

2. Is the vendor required to register in SAM (Y/N)?*	N	3. If not, what is the exemption (i.e. Employee, Foreign vendor, etc):	Refund Vendor
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*If the vendor is required to register in SAM, please have them do so before completing this form. SAM Registration exceptions can be found in FAR 4.1102. The assumption is that the SAM information is valid. If the information currently listed at SAM.gov or in UFMS is incorrect, then the vendor should be contacted to be updated their SAM information directly at SAM.gov.

If the vendor is not required to register, please complete all fields on this request.

USDOJ Component Information

4. Date of Request: (MM/DD/YY)	3.5.2020	5. Requesting Component:	U.S. Marshal Service (USMS)
6. Component Contact: (Can not be the same as the vendor)	AFS - ACH Processing	7. Office Phone No.:	202-307-8555
8. Purpose of Request	AF - CM-19-0124, 19-DEA-655311, \$82,373.00 U.S. Currency		
9. UFMS Security Org:	USMS	10. Vendor Type:	Non-Vendor (NON)
11. Component- Specific Justification:	N/A		
12. Payment Type:	CCD	13. Prompt Pay Type:	Non-PromptPayAct (NONPPA)

Employee/Vendor/Payee Information

14. Vendor Name:	AUGUST ROLI		
15. DUNS Number+4:	N/A	16. EIN/SSN/TIN:	
17. Street Address:			
18. City, State, Zip Code:	MORGAN, PA 15064		
19. Country:	USA	20. E-mail Address:	
21. Vendor Phone No.: (including area code)	412 996 9421	22. Fax Number: (including area code)	
23. Contact Name: (Last, First, MI)	BROWN, ROZELLA A.	24. NCIC/TPID Code:	
25. Federal Vendor Agency Locator Code (ALC):	N/A		

Financial Institution Information

26. Bank Name:	ALLEGRA CREDIT UNION		
27. Street Address:	40 MARKET ST.		
28. City, State, Zip Code:	LOWELL, MA 01852		
29. Country:	USA	30. Bank Phone No.:	800.942.9575
31. ABA Number:		32. Account Number:	
33. Account Type:	CHECKING	ACH Format:	All vendors will be setup with CTX, Check and CCD ACH payment format

PRIVACY ACT STATEMENT: The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-559). All information collected on this form is required under the provisions of 31 U.S.C. 3522 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

WHERE TO SEND THIS FORM

Asset Forfeiture Division (AFD) third-party payment requests should be sent to the AFD mailbox
at DEA AFS-ACH Processing @ usdoj.gov